

Georgia Form 500 Page 2
Individual Income Tax Return
Georgia Department of Revenue
2004



- -
Your Social Security Number

13. Subtract either Line 11c or Line 12 from Line 10; enter balance	▶	<input type="radio"/> 13. <input type="text"/>	<input type="text"/>
14a. Number on Line 6c multiplied by \$2,700	14a. <input type="text"/>		
14b. Number on Line 7a multiplied by \$3,000	14b. <input type="text"/>		
14c. Add Lines 14a. and 14b. Enter total	▶	14c. <input type="text"/>	<input type="text"/>
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶	<input type="radio"/> 15. <input type="text"/>	<input type="text"/>
16. Tax (Use Tax Table on Pages 17-19)	▶	16. <input type="text"/>	<input type="text"/>
17. Credits from Schedule 2, Page 3 (Enter total but not more than the amount on Line 16)	▶	17. <input type="text"/>	<input type="text"/>
18. Balance (Line 16 less Line 17) if zero or less than zero, enter zero	▶	18. <input type="text"/>	<input type="text"/>
19. Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose withholding statements) ▶		19. <input type="text"/>	<input type="text"/>
20. Estimated Tax for 2004 and Form IT-560	▶	20. <input type="text"/>	<input type="text"/>
21. Low Income Credit (See worksheet on Page 11) 21a. ▶ <input type="text"/> 21b. ▶ <input type="text"/>	▶	21c. <input type="text"/>	<input type="text"/>
22. Department Use Only DO NOT WRITE IN THIS BOX		22. <input type="text"/>	<input type="text"/>
23. Total prepayment credits (Add Lines 19, 20 and 21c)	▶	23. <input type="text"/>	<input type="text"/>
24. If Line 18 exceeds Line 23 enter BALANCE DUE STATE	▶	24. <input type="text"/>	<input type="text"/>
25. If Line 23 exceeds Line 18 enter OVERPAYMENT amount	▶	25. <input type="text"/>	<input type="text"/>
26. Amount to be credited to 2005 ESTIMATED TAX	▶	26. <input type="text"/>	<input type="text"/>
27. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)	▶	27. <input type="text"/>	<input type="text"/>
28. Georgia Children and Elderly Fund (No gift of less than \$1.00)	▶	28. <input type="text"/>	<input type="text"/>
29. Georgia Cancer Research Fund (No gift of less than \$1.00)	▶	29. <input type="text"/>	<input type="text"/>
30. Georgia Greenspace Trust Fund (No gift of less than \$1.00)	▶	30. <input type="text"/>	<input type="text"/>
31. Form 500 UET (Estimated tax penalty)	▶	31. <input type="text"/>	<input type="text"/>
32. (If you owe) Add Lines 24, 27, 28, 29, 30 and 31 THIS IS THE AMOUNT YOU OWE ▶		32. <input type="text"/>	<input type="text"/>

Complete and mail Form 525-TV with your tax return and check or money order payable to: **GEORGIA DEPARTMENT OF REVENUE**
See page 25 in the 511 booklet for information about how to order Form 525-TV or
visit http://www2.state.ga.us/departments/dor/inctax/individual_income_tax_forms.shtml
DO NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURN ENVELOPE.

33. **(If you are due a refund)** Subtract the sum of Lines 26 thru Line 31 from Line 25
THIS IS YOUR REFUND

▶ 33.

REFUNDS TO:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
P.O. BOX 740380
ATLANTA, GEORGIA 30374-0380

PAYMENTS AND TAX RETURNS TO:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
P.O. BOX 740399
ATLANTA, GEORGIA 30374-0399

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in
lawful money of the United States, free of any expense to the State of Georgia.

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct
and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

X _____
Taxpayer's Signature (Check box if deceased ☐) Date _____

Daytime Phone Number _____

X Spouse's Signature (Check box if deceased ☐) Date _____

X _____
Name of Preparer if other than taxpayer Preparer's FEIN _____

Preparer's SSN/PTIN _____

Phone Number _____

Check the box
to authorize the
Georgia
Department of
Revenue to
discuss the
contents of this
tax return with
the preparer
named below.
☐



- -
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SCHEDULE 1 ADJUSTMENTS TO INCOME BASED ON GEORGIA LAW (see Pages 7 and 8 of instructions)

ADDITIONS TO INCOME

- | | | | | |
|--|----|----------------------|---|----------------------|
| 1. Interest on Non-Georgia Municipal and State Bonds | 1. | <input type="text"/> | . | <input type="text"/> |
| 2. Lump Sum Distributions | 2. | <input type="text"/> | . | <input type="text"/> |
| 3. Other (specify) <input type="text"/> | 3. | <input type="text"/> | . | <input type="text"/> |
| 4. Total Additions (enter sum of Lines 1-3 here) | 4. | <input type="text"/> | . | <input type="text"/> |

SUBTRACTION FROM INCOME

5. Retirement Income Exclusion (See Retirement Income Exclusion Worksheet, Page 12)

a. Self: Date of Birth	Type of Disability: <input type="text"/>	5a.	<input type="text"/>	.	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Disability: <input type="text"/> / <input type="text"/> / <input type="text"/>				

b. Spouse: Date of Birth	Type of Disability: <input type="text"/>	5b.	<input type="text"/>	.	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Disability: <input type="text"/> / <input type="text"/> / <input type="text"/>				

- | | | | | |
|---|-----|----------------------|---|----------------------|
| 6. Social Security Benefits (Taxable portion from Federal return) | 6. | <input type="text"/> | . | <input type="text"/> |
| 7. Railroad Retirement Benefits (Taxable portion from Federal return) | 7. | <input type="text"/> | . | <input type="text"/> |
| 8. Interest on United States Obligations (See instructions, Page 7) | 8. | <input type="text"/> | . | <input type="text"/> |
| 9. Other (specify) <input type="text"/> | 9. | <input type="text"/> | . | <input type="text"/> |
| 10. Total Subtractions (enter sum of Lines 5-9 here) | 10. | <input type="text"/> | . | <input type="text"/> |
| 11. Net Adjustments (Line 4 less Line 10. Enter Net Total here and on Line 9 of Page 1)(+ or -) | 11. | <input type="text"/> | . | <input type="text"/> |

SCHEDULE 2 CREDITS FOR LINE 17, PAGE 2

- | | | | | |
|--|----|----------------------|---|----------------------|
| 1. Other State(s) Tax Credit (see worksheet on Page 11) | 1. | <input type="text"/> | . | <input type="text"/> |
| 2. Low and Zero Emission Vehicle Credit | 2. | <input type="text"/> | . | <input type="text"/> |
| 3. Credits from Form IND-CR (Rural Physicians Credit, Disabled Person Home Purchase or
Retrofit Credit, Driver Education Credit, Disaster Assistance Credit and
Qualified Caregiving Expense Credit) | 3. | <input type="text"/> | . | <input type="text"/> |
| 4. Other Credits (specify) <input type="text"/> | 4. | <input type="text"/> | . | <input type="text"/> |

Pass Through Credits from Ownership of Sole Proprietor, S Corp., LLC or Partnership Interest

You must list the appropriate Credit Type Code in the space provided. List the percentage of credit received in the % column. If you claim more than five credits, enclose a schedule. Enter the schedule total on Line 10. See Pages 23-24 for a list of available credits and their applicable codes.

Credit Type Code	Company Name	FEIN	%	Credit Claimed on this Return	Unused Credit
5.				5. <input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
6.				6. <input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
7.				7. <input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
8.				8. <input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
9.				9. <input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
10. Enter the total from enclosed schedule(s)				10. <input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
11. Enter the total of Lines 1 thru 10 here and on Line 17, Page 2				11. <input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>



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SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See Page 8, Line 17 and Page 11.

DO NOT USE LINES 9 THRU 14 OF PAGES 1 AND 2, FORM 500

	Federal Income after Georgia Adjustments COLUMN A	Income not Taxable to Georgia COLUMN B	Georgia Income COLUMN C
1. Wages, Salaries, Tips, etc.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2. Interest and Dividends	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. Business Income or (Loss)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4. Other Income or (Loss)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5. Total Income: Total Lines 1 thru 4	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ADJUSTMENTS TO INCOME			
6. Total adj. from Federal Form 1040	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7. Total adj. from Form 500, Schedule 1, Page 3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
(See instructions: Page 7-8, Line 9)			
8. Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage	<input style="width: 100%;" type="text"/>		% Not to exceed 100%
10. Itemized or Standard Deduction (See instructions: Page 10, Line 10)	<input style="width: 100%;" type="text"/>		
11. Personal Exemption from Form 500, page 1 (See instructions: Page 10)			
11a. Number on Line 6c multiplied by \$2,700	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
11b. Number on Line 7a multiplied by \$3,000	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
11c. Add Lines 11a. and 11b. Enter total	<input style="width: 100%;" type="text"/>		
12. Total Deductions and Exemptions: Add Lines 10 and 11c	<input style="width: 100%;" type="text"/>		
13. Multiply Line 12 by Ratio on Line 9 and enter result			<input style="width: 100%;" type="text"/>
14. Georgia Taxable Income: Subtract Line 13 from Line 8, Column C Enter here and on Page 2, Line 15 of Form 500			<input style="width: 100%;" type="text"/>

List the state(s) in which the income in Column B was earned and/or to which it was reported.

1.	4.
2.	5.
3.	6.